

COUNSELOR'S REPORT
(See Privacy Act Statement on Page 3)

1. NAME OF AGGRIEVED PERSON

2. JOB TITLE, SERIES AND GRADE

3. LOCATION

4. (FTS) PHONE NO.

5. HOME ADDRESS (as appropriate)

6. HOME PHONE NO.
(as appropriate)

7. NAME OF COUNSELOR

8. LOCATION

9. (FTS) PHONE NO.

10. NAME OF AGGRIEVED'S REPRESENTATIVE

11. LOCATION (or address)

12. PHONE NO.

13. AGGRIEVED WILLING TO ALLOW USE OF HIS/HER NAME?

☐ YES

☐ NO

14. BASIS OF COMPLAINT (SPECIFY, E.G. AGE-55 YEARS)

_____ RACE _____ COLOR _____ NATIONAL ORIGIN _____ RELIGION

_____ SEX _____ AGE _____ HANDICAP _____ REPRISAL

15. ISSUE(S), ALLEGATIONS AND BASES AS PRESENTED TO COUNSELOR

a.

b.

c.

16. RESOLUTION REQUESTED

17. DATES

a. ALLEGED DISCRIMINATION INCIDENT OCCURRED _____

b. INITIAL COUNSELOR CONTACT _____

c. INTERVIEW CONDUCTED _____

d. NOTE OF RIGHT TO FILE FORMAL
COMPLAINT ISSUED (21 DAY LETTER) _____

e. NOTICE OF FINAL INTERVIEW ISSUED _____

18. BACKGROUND-DESCRIPTION OF EVENTS LEADING TO THE ALLEGED DISCRIMINATORY ACT(S) *(as appropriate)*

19. THE AGGRIEVED'S DESCRIPTION OF ALLEGED DISCRIMINATORY ACT(S)

20. OTHER WITNESSES

NAME

LOCATION

PHONE

21. FACTS DEVELOPED *(Attach additional sheets as needed.)*

22. ACTIONS TAKEN TO ACHIEVE AN INFORMAL RESOLUTION *(Attach additional sheets as needed.)*

SIGNATURE OF COUNSELOR

DATE

PRIVACY ACT STATEMENT

Authority: Public Law 92-261, CFR Title 29, Section 1613.

Principle Purpose: To collect information to permit informal EEO Counseling and processing formal complaints.

Routine Use: The information on this form may be used (a) in the processing and adjudication of this Complaint and any appeal concerning the Complaint and (b) as a data source for production of summary descriptive statistics and analytical studies of Complaint processing and resolution efforts.

Disclosure: Voluntary; however, failure to provide requested information may lead to a delay in processing or to a rejection or cancellation of this complaint.